

**CHILD ABUSE and NEGLECT  
UNITED STATES ARMY  
U.S. ARMY CENTRAL REGISTRY  
(1989-1996)**



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Analysis Conducted by the Family Violence and Trauma Project  
Department of Psychiatry  
F. Edward Hébert School of Medicine  
Uniformed Services University of the Health Sciences  
Bethesda, MD 20814-4799  
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# REPORT DOCUMENTATION PAGE

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4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799



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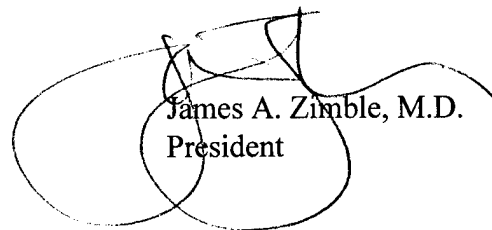
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## MEMORANDUM FOR DTIC

SUBJECT: Submission of Technical Report to the Defense Technical Information Center  
(DTIC)

Attached are two copies of the technical report, "Child Abuse and Neglect, U.S. Army Central Registry (1989-1996)" and accompanying documentation for submission to DTIC. This publication is a compilation of spouse abuse statistics from the Army Central Registry from 1989-1996. The information provided in the report will be a valuable source of statistics of Army spouse abuse cases for researchers, clinicians, and administrators who have an interest in this topic.

This document has been prepared as per the requirements of DTIC and is accompanied by submission form SF 298.

  
James A. Zimble, M.D.  
President

Attachments:  
Two copies of technical report  
Form 298  
Self-addressed DTIC postcard



***This report was prepared for the U.S. Army  
Community and Family Support Center, Family  
Advocacy Program under an Inter-Service Support  
Agreement between the Department of the Army  
and the Department of Defense, Uniformed  
Services University of the Health Sciences,  
Department of Psychiatry.***

**NOTE: THIS MATERIAL MAY BE REPRODUCED FOR  
FAMILY ADVOCACY PROGRAM USE.**

*Analysis Conducted by the  
Family Violence  
and  
Trauma Project*

James E. McCarroll, Ph.D., M.P.H.  
Director and Senior Scientist

Laurie E. Thayer, M.P.H., Data Manager

Robert J. Ursano, M.D., Principal Investigator  
Ann E. Norwood, M.D., Investigator  
Carol S. Fullerton, Ph.D., Investigator  
John H. Newby, DSW, Investigator

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# Child Abuse and Neglect U.S. Army Central Registry (1989-1996)

## EXECUTIVE SUMMARY

**The Army Central Registry.** This report is an analysis of the child abuse and neglect cases that have been recorded in the Army Central Registry (ACR) from 1989-1996. The ACR is a centralized, confidential data base and source of training in the reporting of spouse and child abuse cases maintained by the Family Advocacy Support Section, Customer Service Division/Patient Administration and Biostatistics Activity (PASBA), Fort Sam Houston, Texas. It includes only cases involving Army sponsors. Child abuse and neglect cases from other services, retired military personnel, and civilians who were eligible for Family Advocacy Program (FAP) services were not included.

**Types of Case Data Recorded.** The ACR records the source of case referral, the demographic characteristics of the victim and offender, the type of maltreatment, substance involvement of victim and offender, location of victim residence (on or off post) and where the incident occurred (on or off post). The relationship of the offender to the victim, the offender's history of violence, and the military and civil actions that occur as a result of the case are also recorded.

**Distribution of Initial, Subsequent, and Re-opened Cases.** There were 30,551 initial substantiated cases of child abuse and neglect, or an average of about 3,800 cases per year. There were 2,336 subsequent incidents (or 7.6% of the initially substantiated cases) and 1483 re-opened cases (4.8% of the initially substantiated cases). A complete tabulation of the comparisons of the percentages of initial substantiated, subsequent incidents, and re-opened cases is presented in the Appendix of this report.

**Army Population Data.** The child population figures were obtained from the ASM Corporation's Family Data Base. This data base is contracted by the U.S. Army Community and Family Support Center (CFSC) using raw data from the Defense Enrollment Eligibility Reporting System (DEERS) and the Army Enlisted and Officer Master Files. Rates per 1,000 were obtained by dividing the number of cases by the population of children and multiplying that figure by 1,000.

## SUMMARY OF FINDINGS FOR INITIAL SUBSTANTIATED INCIDENTS

- ♦ **Referral Sources.** The major sources of initial referral were law enforcement (26.4%), social services/family centers (21.8%), and medical/dental (17.8%).



- ◆ **Offender Sex.** The percentage of male offenders was 57.6%, the percentage of female offenders was 42.4%.
- ◆ **Victim Sex.** Victims were about evenly divided by sex (51.1% males and 48.9% females).
- ◆ **Types of Maltreatment.** The most frequently reported categories of child maltreatment were neglect (42.7%) and minor physical abuse (37.4%). In 1996:
  - ◆ Major physical injury affected primarily infants (age less than one year). This group had a rate of 123/100,000, about three times greater than that of the next age group, 1-2 years of age (45/100,000) children.
  - ◆ The rate of minor physical injury was constant for children ages 1-11, but then increased slightly up to age 17, from about 220 per 100,000 Army children to about 280 per 100,000 Army children.
  - ◆ Sexual maltreatment affected primarily children between the ages of 3-17. The rates for female children were higher than the rates for male children, especially in the 12 to 17 age range.
  - ◆ The rates for neglect cases were highest for infants and declined steadily with age.
  - ◆ The rates for emotional abuse were similar for all age groups.
- ◆ **Ages of Victims.** The largest number of victims was in the age group 3-5 (23.9%). Approximately 74% were between the ages of 1-11.
- ◆ **Ages of Offenders.** The largest number of offenders was in the age group 22-26 years (28.6%). Approximately 76% of the offenders were between the ages 22 and 36 years old.
- ◆ **Race/Ethnicity of Victims.** More whites than blacks were victims. However, the percentages of black victims compared to the percentage of white victims was greater than would be expected compared to the percentage of white and black soldiers in the Army. The percentage of white victims was 51.7% and the percentage of black victims was 37.1%. The percentage of white soldiers in the Army was 60.3% in 1995 and the percentage of black soldiers was 27.5%.
- ◆ **Race/Ethnicity of Offenders.** More whites than blacks were offenders. However, as was the case with the victims, the percentages of white offenders was less than would be expected compared to the percentage of white soldiers in the Army. Conversely, the percentage of black offenders was greater than would be expected compared to the percentage of black soldiers in the Army. The percentage of white offenders was 51.7% and the percentage of black offenders was 36.8%. The percentage of white soldiers in the married Army in 1996 was 60.3% and the percentage of black soldiers was about 27.5%.
- ◆ **Offender Substance Involvement.** Evidence of a strong association with substance abuse of offenders was not present in the database. However, it should be noted that approximately 29% of cases listed "Unknown" for substance involvement of the offender.

- ◆ **Victim Substance Involvement.** While victim substance involvement is small, 3% of the children were involved with alcohol, drugs, or alcohol and drugs.
- ◆ **Treatment of Victims.** Approximately 92.3% of the cases received social service treatment. This type of treatment is usually social work counseling of some type, either group or individual treatment. Outpatient medical treatment was provided in about 35.3% of the cases and inpatient medical treatment was given in about 5.2%. (These add to more than 100% because clients often receive more than one type of treatment).
- ◆ **Military/Civilian Offenders.** 53% of the offenders were active duty Army members, 47% were civilians.
- ◆ **Frequencies and Rates.** The following trends were noted for case frequencies and rates:
  - ◆ The number of cases decreased from 1991 to 1995, (from a little over 4,000 to a little over 3,000) but increased slightly in 1996.
  - ◆ The rates of child abuse and neglect rates remained relatively constant from 1989 to 1994 (between 7.2 and 7.6 per 1,000 children), but in 1995, there was a marked drop in the rate, to about 6.5 per 1,000, but then there was an increase to about 7.0 per 1,000 for 1996.

### SUMMARY OF FINDINGS FOR SUBSEQUENT INCIDENTS

There were 2,336 subsequent incidents (see Glossary) of child abuse or neglect. When the findings of the subsequent incidents were compared to the initial substantiated incidents, there were very few differences. Only those differences are reported here.

- ◆ **Referral Source.** Referrals from social services/family centers increased from 21.8% to 25.0% and referrals from medical/dental increased from 17.8% to 18.8%. There were decreases in referrals from law enforcement (from 26.4% to 23.6%) and child care/school/rec. centers (from 11.0% to 9.6%).
- ◆ **Types of Maltreatment.** The types of maltreatment changed slightly in that there were fewer cases of major physical abuse (from 3.6% to 3.3%), minor physical abuse (from 37.4% to 24.9%), and sexual abuse (from 14.4% to 7.6%). There were increases in neglect (from 42.7% to 56.0%) and emotional maltreatment (from 10.1% to 13.7%).
- ◆ **Fatalities.** The number of fatalities was 122 during this time period (0.40% of the total number of initial substantiated incidents). Fifty-nine were female, 58 were male and in five cases, the sex was not reported.

- ◆ **Offender Sex.** Male offenders decreased (from 57.6% to 48.1%) and female offenders increased (from 42.4% to 51.9%).
- ◆ **Race/Ethnicity of Victim and Offender.** There was an increase in white victims (from 51.7% to 57.3%) and white offenders (from 51.7% to 58.4%). There was a decrease in black victims (from 37.1% to 34.2%) and black offenders (from 36.8% to 3.1%).
- ◆ **Offender Substance Involvement.** Substance involvement increased from 29.3% to 34.9% in the "Unknown" category with a corresponding decrease (from 60.5% to 55.1%) in the "No involvement" category.
- ◆ **Type of Treatment.** There was an increase in inpatient medical treatment (from 5.2% to 9.5%). This may suggest that there is a slight increase in the severity of the subsequent incident cases compared to the initial substantiated incidents.

### **SUMMARY OF FINDINGS FOR RE-OPENED CASES**

There were 1,483 re-opened cases (cases which had been previously treated and closed), 4.8% of total initial substantiated incidents. When the characteristics of re-opened cases were compared to the initial substantiated cases and the subsequent incidents, there were very few differences in the results. Only those differences are reported here.

- ◆ **Types of Maltreatment.**
  - ◆ Incidents of major physical abuse decreased (1.8%) compared to initial (3.6%) and subsequent incidents (3.3%).
  - ◆ Minor physical abuse (39.1%) was reported at approximately the same level as that reported for initial incidents (37.4%), an increase over the subsequent incidents (24.9%).
  - ◆ Sexual maltreatment increased (9.4%) compared to subsequent incidents (7.6%), but both of these figures were lower than that reported for initial substantiated incidents (14.4%).
  - ◆ Neglect (45.9%) was slightly more than initial incidents (42.7%) but less than subsequent incidents (56.0%).
  - ◆ Emotional maltreatment (13.9%) was similar to the figure reported for subsequent incidents (13.7%), but both of these were higher than the proportion reported for the initial substantiated incidents (10.1%).
- ◆ **Offender Marital Status.** The category of "Separated or divorced" marital status of offenders increased from initial incidents (7.0%), subsequent incidents (8.4%), and re-opened cases (9.2%).
- ◆ **Offender Sex.** The percentage of male offenders (52.4%) increased from subsequent incidents (48.1%), but was lower than initial incidents (57.6%).

- ◆ **Type of Treatment.** The percentage of inpatient treatment provided to child abuse and neglect victims decreased to 3.6% after rising to 9.5% for subsequent incidents. (The inpatient treatment percentage for initial substantiated incidents was 5.2%).

## CONCLUSIONS

The rate of the reported cases of child abuse and neglect has remained within relatively tight boundaries (between 7.2 and 7.6 cases per 1,000 children) from 1989 to 1994, but in 1995, there was a marked drop in the rate to about 6.5 per 1,000 in 1995. In 1996, however, the rate increased to 7.0 per 1,000.

The rate of subsequent incidents has increased from 1989 to 1995, but decreased in 1996, while the rate of re-opened cases has remained relatively steady.

Another demographic variable that requires some exploration is that of the increased number of separated and divorced offenders in the subsequent incidents and re-opened cases.

Why is the percentage of unknown substance abuse involvement so high? Alcohol is frequently cited as a contributing cause of abuse, but with so much information missing, it is hard to associate substance involvement with the nature of offenses.

Incidents tend to be reported as occurring on-post more often than off-post, but the difference was not great (55:45%). It will be important to determine if there is a difference in the type of incident that is reported on either location or whether there are other characteristics associated with on-post as opposed to off-post incidents.

The main type of treatment provided to victims was social work counseling. However, the amount of inpatient treatment provided to children suggests that these children may have been severely harmed. The increase in the requirement for inpatient treatment from initial incidents (about 5.2%) to subsequent incidents (about 9.5%) is consistent with the belief that subsequent incidents of abuse are more severe.

## LIMITATIONS OF THE DATA

This report represents only those cases of child abuse victims who have been identified and reported to the ACR. It is not a complete assessment of the extent of child abuse within the Army. As with all large databases, such as the ACR, there are limitations. Therefore, the data may not be completely accurate. While all material sent by the field to the ACR is checked for accuracy, errors are made that cannot be checked centrally.

The ACR is an administrative data base that is victim-based and was not designed for research purposes. This poses limitations on the types of data that have been entered. Some

of the data are based on clinical judgment rather than on objective criteria that would be used in research. We have no way of knowing the exact Army population in any given year. Population and case numbers can fluctuate over the course of a year. We are limited to using year-end data.

Year-to-year fluctuations in rates may be due to the inconsistent reporting of case information to the ACR and by population shifts. Given these conditions, the case frequencies and rates presented in this report are only as estimates. It may help FAP personnel increase their knowledge of the abused child population it serves and identify possible changes that have occurred over time.

# Child Abuse and Neglect U.S. Army Central Registry (1989-1996)

## INTRODUCTION

**Purpose of Report.** This report contains analyses of the child abuse and neglect cases that have been recorded in the Army Central Registry (ACR) for the years 1989-1996. More analyses will be performed as other data (such as health, substance abuse, personnel, and law enforcement) become available for comparison with ACR data.

**Types of Cases.** Incidents of child abuse or neglect may come to the attention of military authorities from a variety of military and civilian sources. When such incidents are reported, they are reviewed by a Case Review Committee (see Glossary) that functions under the supervision of the medical treatment facility commander for that installation. Incidents of child abuse and neglect may be categorized as initial cases, subsequent cases and re-opened cases (see Glossary). Findings from these three types of cases are presented separately in this report.

**Authority for and Maintenance of the Data Base.** The ACR is a centralized, confidential data base maintained by the Family Advocacy Support Section, Customer Service Division/Patient Administration and Biostatistics Activity (PASBA), Fort Sam Houston, Texas. The purpose of the ACR is to assist in the early identification, verification, and retrieval of reported cases of spouse and child abuse and neglect. The authority for this data base and for the Army Family Advocacy Program is Army Regulation 608-18, dated 1 September 1995. Information is reported on a Department of Defense form (DD Form 2486), Child/Spouse Abuse Incident Report, from each installation that maintains a family advocacy program. The DD Form 2486 is the sole source of data for the ACR. The Case Review Committee (CRC) chair submits a DD Form 2486 for every report of child abuse and neglect. A DD Form 2486 is also submitted in other circumstances, such as when a family transfers from one post to another. Data provided on the DD Form 2486 are carefully examined for errors and cross-checked with other sources of data for validity at the ACR. When necessary, those who submit the data from the field are asked to make corrections to insure that the data are correct.

The analyses in this report utilized data from the ACR FY 1989-1996. This report differs from the child abuse report, *Analyses of Reports of Child Abuse and Neglect from the U.S. Army Central Registry (1975-1995)*, which utilized data from FY75-FY95. The reader should note this difference in reporting and is advised against crude comparisons of the reports. There are differences in the sections regarding child abuse and neglect referrals. For the 1975-1995 report, the category "Other" contained only those cases in which the "Other" box was exclusively checked. For this report, however, the "Other" category includes all referrals, except those highlighted in the report. For example, in addition to the "Other" category, as described above, referrals from Neighbor/Friend/Relative, Chaplain and Clergy are also included in this total in order to give a complete assessment of referral sources.

**Major Types of Data Collected.** The DD Form 2486 includes, but is not limited to, the type of maltreatment, the source of case referral, the demographic characteristics of the victim and offender, substance involvement of victim and offender, location of victim residence (on and off post) and where the incident occurred (on and off post). The relationship of the offender to the victim, the offender's history of violence, and the military and civil actions that occur as a result of the case are also recorded.

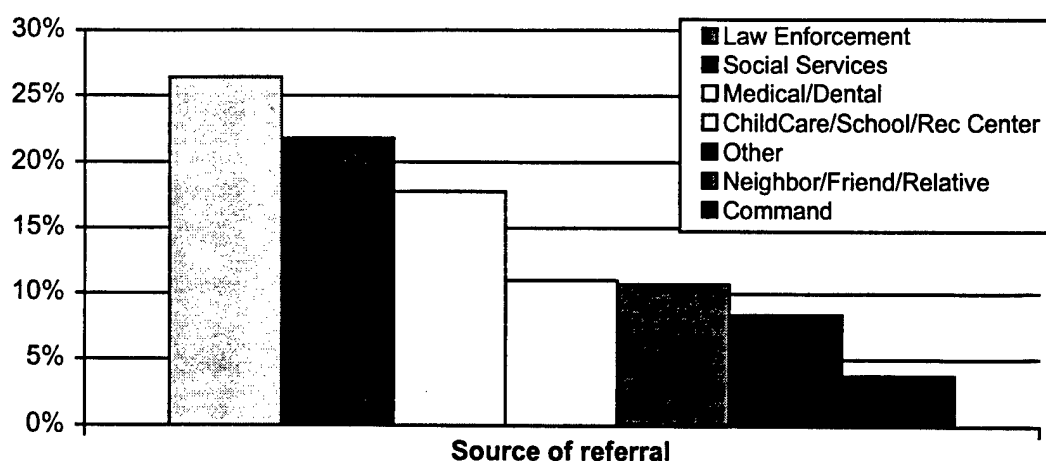
## **INITIAL SUBSTANTIATED CASES**

The following description of the rates of child abuse for 1989-1996 is based on analyses of cases from the Army Central Registry (ACR). When rates per 1,000 are calculated, denominator (population) data were obtained from the ASM Corporation Family Data Base. This data base is contracted by CFSC using raw data from the Defense Enrollment Eligibility Reporting System (DEERS) and the Army Enlisted and Officer master Files. There were 30,551 initial substantiated cases of child abuse (see Glossary) for the Army in the ACR from 1989-1996, an average of about 3,800 new cases per year.

**Sources of Referral to Family Advocacy.** Cases were referred to family advocacy from a variety of sources, both military and civilian. Victims and offenders can also self-refer for treatment. The distribution of these sources is shown in Table 1 and Figure 1. Almost 50% of the cases were referred from law enforcement and social services/family centers. Victims self referred in 1.1% of the cases and offenders self referred in 1.5% of the cases. Self referrals from both victims and offenders are included in the "Other" category below.

**Table 1. Source of Child Abuse Referrals**

<u>Source of Referral</u>	<u>Number of Reports of Referral Source</u>	<u>Percentage of Initial Referrals</u>
Law Enforcement	8,023	26.4%
Social Services/Family Center	6,617	21.8%
Medical and Dental	5,423	17.8%
Child Care/School/Rec Center	3,352	11.0%
Neighbor/Friend/Relative	2,564	8.4%
Other	3,267	10.7%
Command	1,167	3.8%



**Figure 1.** Child Abuse Referrals (by percentage).

**Fatalities.** There were 122 child fatalities from 1989 to 1996. Fifty-nine were female, 58 were male, and in five cases, the sex of the victim was not reported.

**Types of Maltreatment.** Initial maltreatment reports were of five different types: major physical abuse, minor physical abuse, sexual maltreatment, deprivation of necessities (neglect), and emotional maltreatment. Each victim of maltreatment could be counted in more than one category. When each type of maltreatment was counted as a single event, the total number of maltreatments was 33,053. The total number of victims was 30,551. (See Table 2)

**Table 2. Types of Child Maltreatment Cases**

<u>Type of Maltreatment</u>	<u>Number of Reports</u>	<u>Percentage of Total Initial Substantiated Cases*</u>
Major physical abuse	1,085	3.6%
Minor physical abuse	11,438	37.4%
Sexual maltreatment	4,399	14.4%
Deprivation of necessities	13,055	42.7%
Emotional maltreatment	3,076	10.1%

\*The total of these percentages adds to more than 100% because each type of maltreatment is compared to the number of cases, not the total number of incidents of each type of maltreatment. For example, the 1,085 cases of major physical abuse represent 3.6% of all the child victims reported (30,551). Since a victim could have more than one type of abuse recorded, the proportion of cases with each type of abuse appeared to be a more reasonable figure to report than the type of abuse as a percentage of the total number of abuse incidents.

**Victim Age.** The ages of child abuse and neglect victims were recorded up to age 17. The age group of 3 to 5 included the largest number of children. By age 11, 82.7% of all child victims had been included (see Table 3).



**Table 3. Ages of Child Victims**

<u>Victim Age Group</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
<1	2,703	8.9
1-2	5,303	17.4
3-5	7,284	23.9
6-8	5,990	19.6
9-11	3,928	12.9
12-14	3,278	10.7
15-17	1,990	6.5

**Victim Sex.** For all types of abuse, victims were evenly divided by sex: 48.9% males and 51.1% females. This is similar to the sex distribution of children in the Army (50.8% male and 49.2% female).

**Victim Sex by Type of Abuse, 1996 only.**

- ◆ For female victims, there were 38 cases of major physical injury, 481 cases of minor physical injury, 304 cases of sexual maltreatment, 275 cases of emotional maltreatment, and 632 cases of neglect. (See Table 4)
- ◆ For male victims, there were 69 cases of major physical injury, 562 cases of minor physical injury, 149 cases of sexual maltreatment, 242 cases of emotional maltreatment, and 774 cases of neglect. (See Table 4)

**Table 4. Victim Sex by Type of Abuse**

<u>Type of Maltreatment</u>	<u>Male</u>	<u>Female</u>
Major Physical	69	38
Minor Physical	562	481
Sexual	149	304
Neglect	242	275
Emotional	774	632

**Victim Age Group by Type of Abuse for 1996.** Due to the amount of data by age, sex, and type of maltreatment, each type of maltreatment is presented for 1996 only. (The data for the years immediately preceding 1996 are very similar.) The types of maltreatment are plotted several ways to illustrate the nature of the distributions.

Each type of maltreatment is first plotted by frequency (the number of cases). The second graph for each type of maltreatment is a plot of age group and sex. The third type of graph shows the rates per 100,000 Army children (males and females combined). The same population base is used for each type of maltreatment.

**Major physical injury.** The highest frequency of major physical injury is for very small children (Figure 3). The number of cases for male and female children is shown in Figure 3a; males have more cases of major physical abuse for each age group. Figure 3b shows that infants have the highest rate of major physical injury.

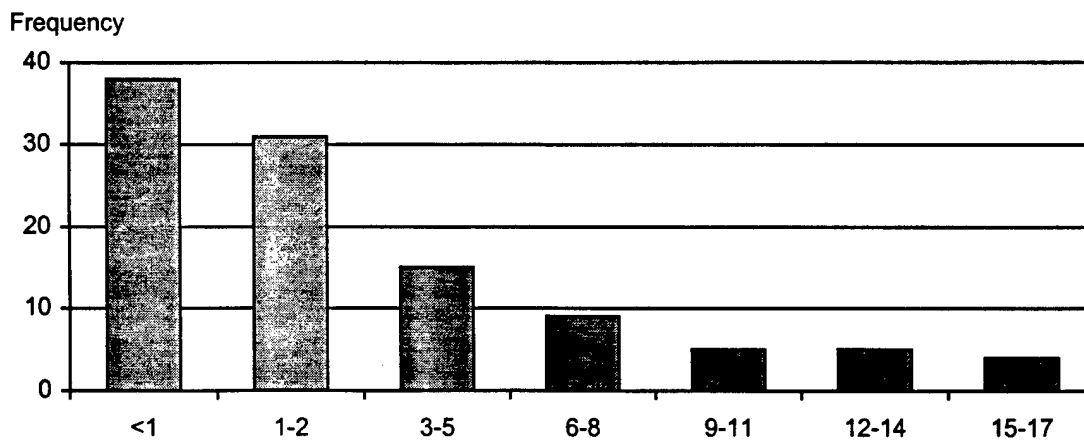


Figure 3. Frequency of Major Physical Injury by Age Group, 1996.

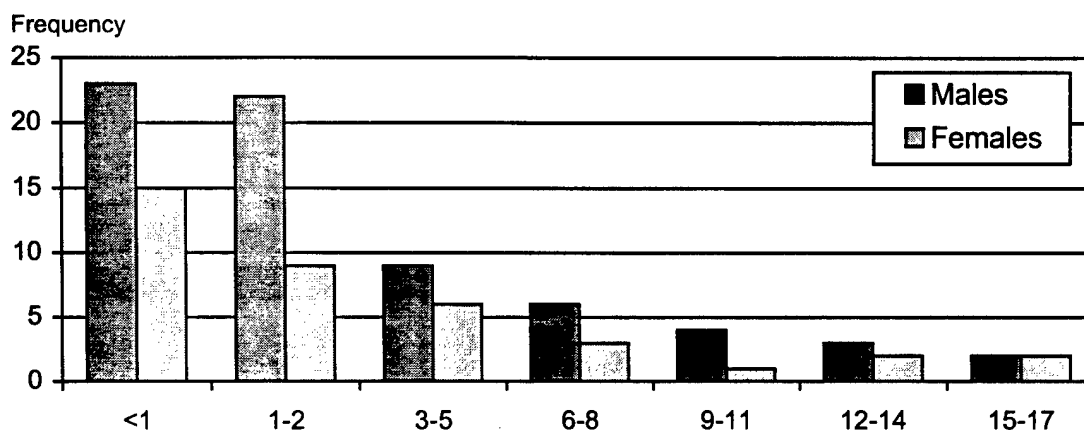


Figure 3a. Frequency of Major Physical Injury by Age Group and Sex, 1996.

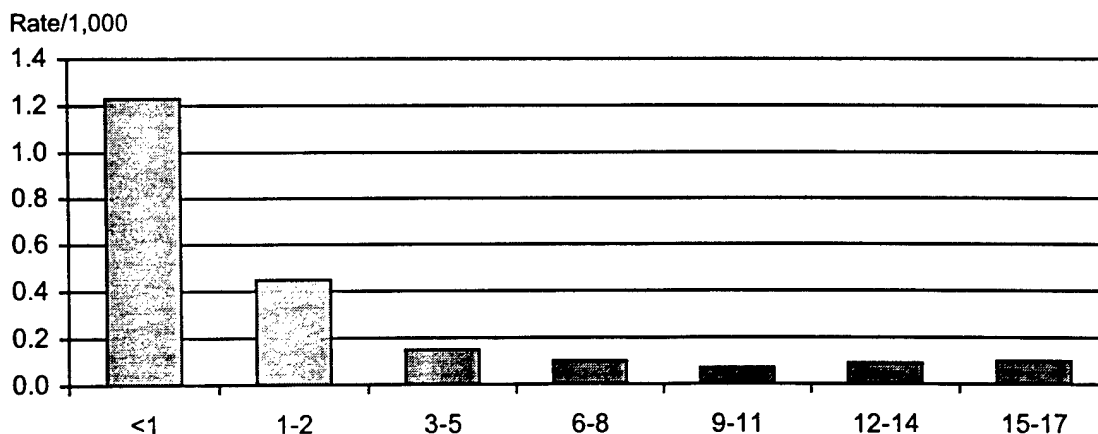


Figure 3b. Rate per 1,000 Army Children of Major Physical Injury by Age Group, 1996.

**Minor physical injury.** Most cases of minor physical injury are in the age group of 3-5 (Figure 4). There are more minor physical injury cases for male children than for females at the younger age groups, but this changes for children of ages 12 and older (Figure 4a). The rates of minor physical injury are fairly constant for children ages 1-11, but there is an increase at ages 12-17 (Figure 4b).

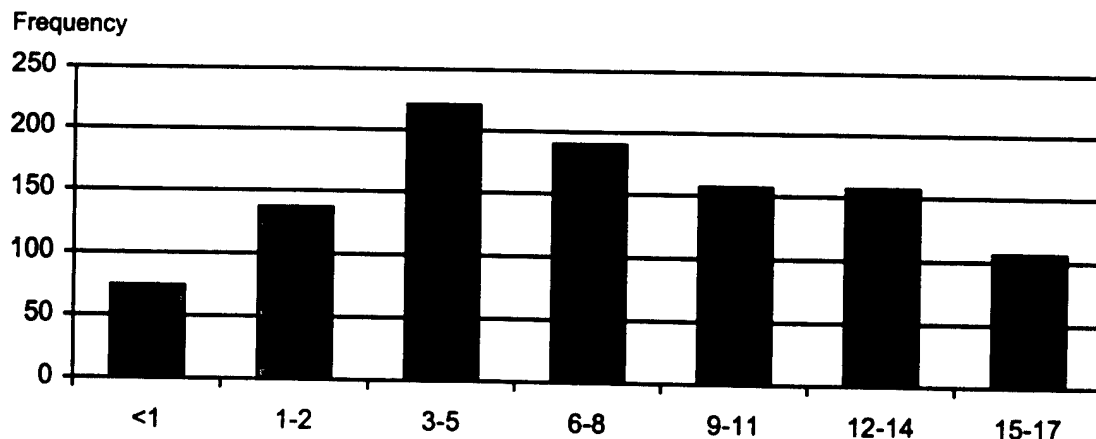


Figure 4. Frequency of Minor Abuse by Age Group, 1996.

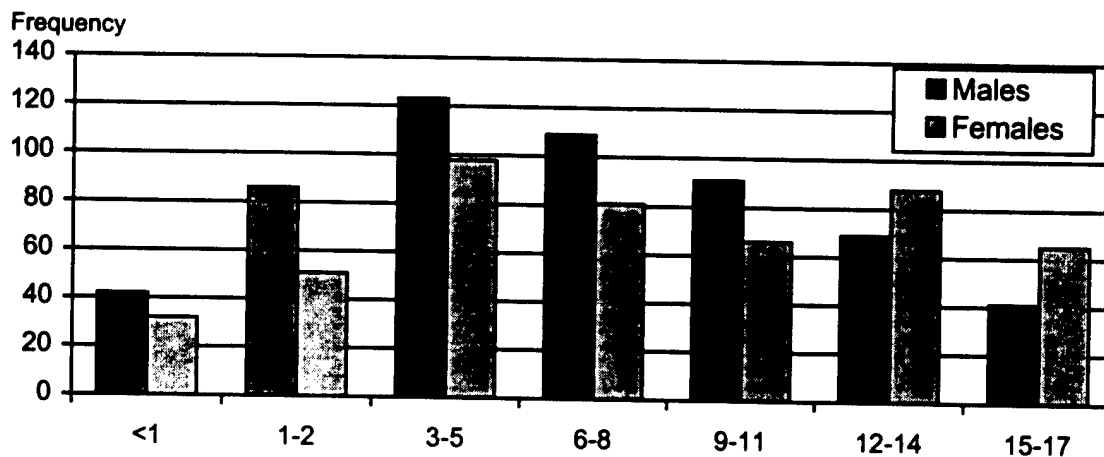


Figure 4a. Frequency of Minor Abuse by Age Group and Sex, 1996.

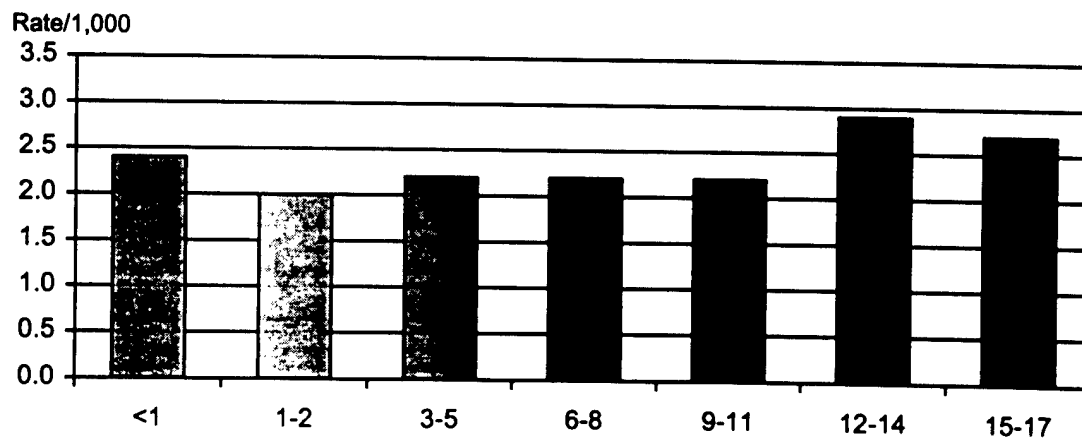


Figure 4b. Rate per 1,000 Army Children of Minor Physical Abuse by Age Group, 1996.

**Sexual maltreatment.** The largest frequency of sexual maltreatment cases was in the 3-5 year old category (Figure 5). Female children were the victims at a much higher level than the males (Figure 5a). When rates are compared by age group (Figure 5b), the highest rates were in the 12-14 year age group.

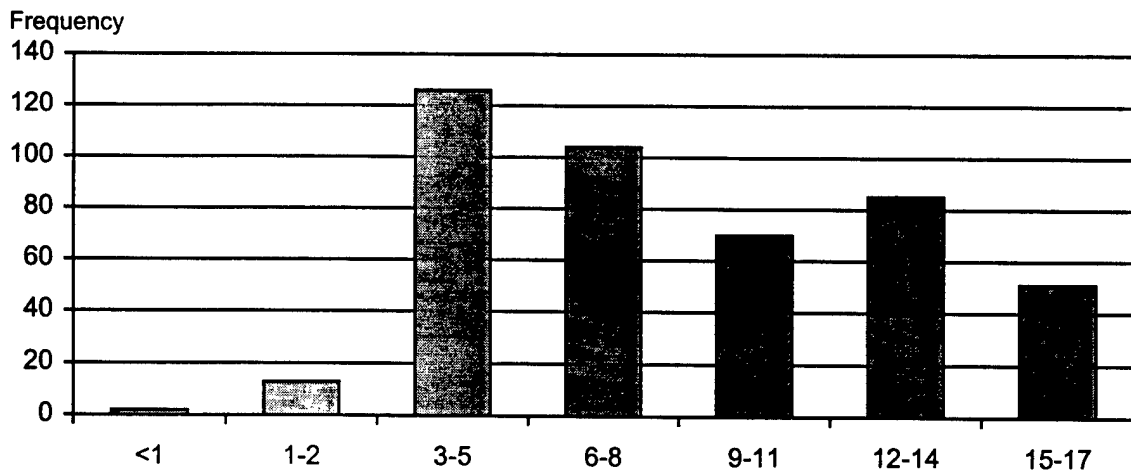


Figure 5. Frequency of Sexual Maltreatment by Age Group, 1996.

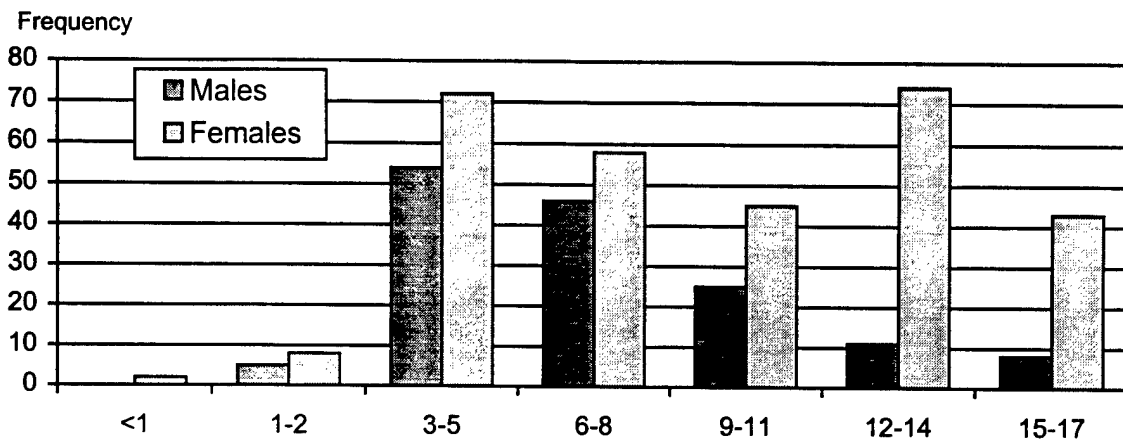


Figure 5a. Frequency of Sexual Maltreatment by Age Group and Sex, 1996.

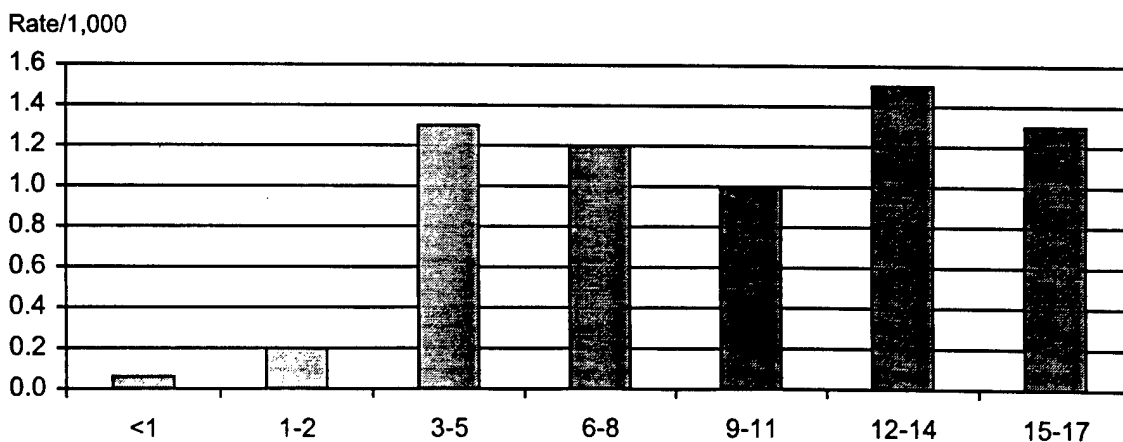


Figure 5b. Rate per 1,000 Army Children of Sexual Maltreatment by Age Group, 1996.

**Deprivation of necessities (neglect).** The highest number of neglect cases were in the age group 3-5 (Figure 6). Male children outnumbered female children in the number of cases for ages 1-11 (Figure 6a), but the rates per 1,000 children were highest at the younger age groups and declined as age increased (Figure 6b).

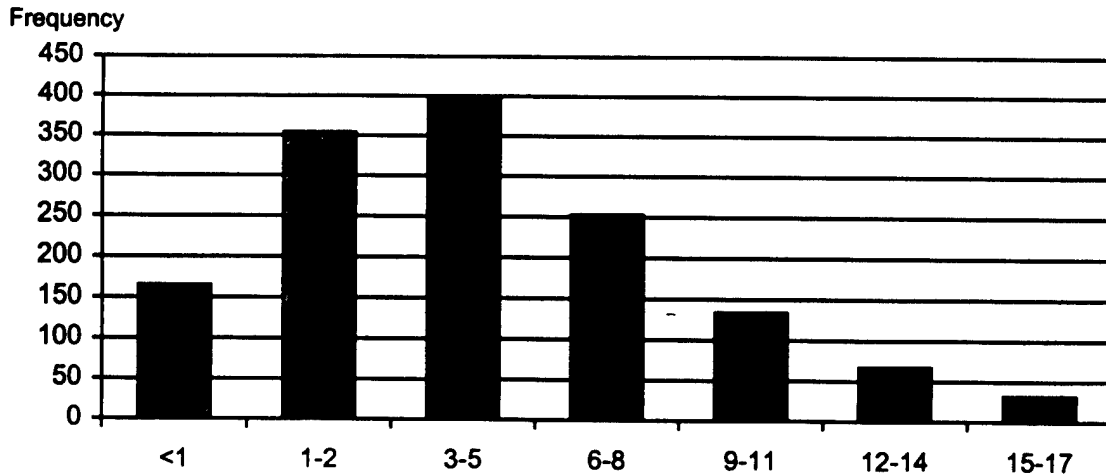


Figure 6. Frequency of Neglect Cases by Age Group, 1996.

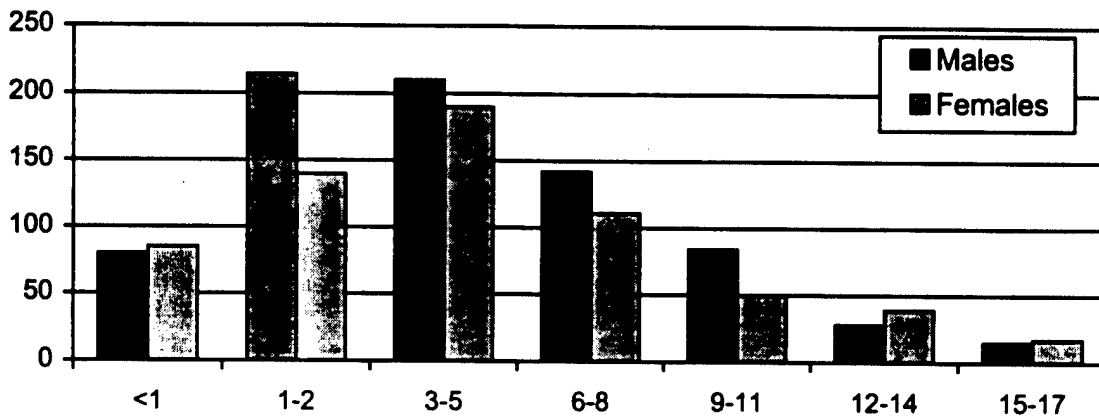


Figure 6a. Frequency of Neglect Cases by Age Group and Sex, 1996.

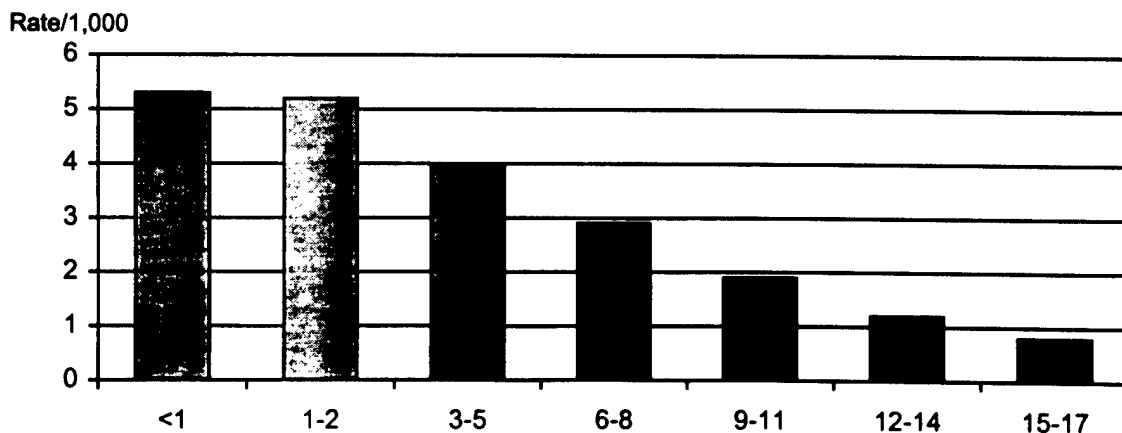
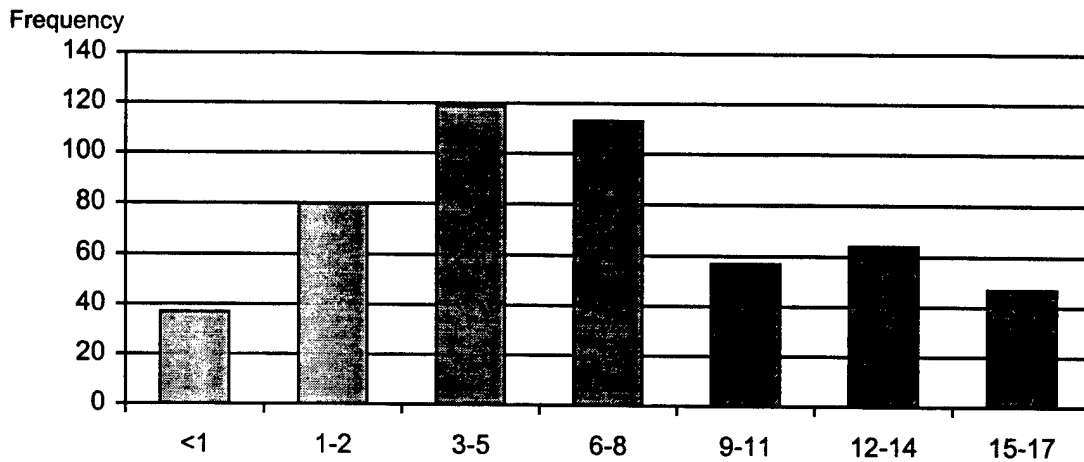
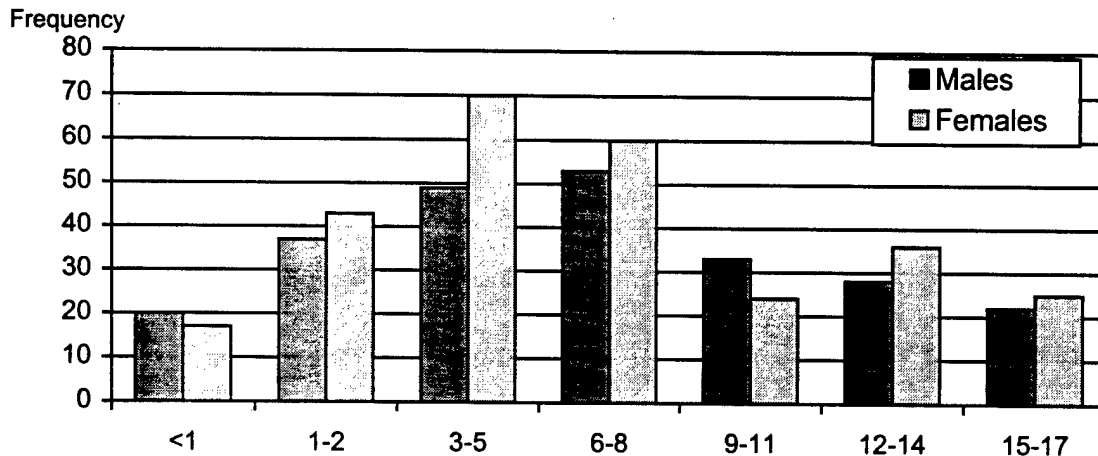


Figure 6b. Rate per 1,000 Army Children of Neglect Cases by Age Group, 1996.

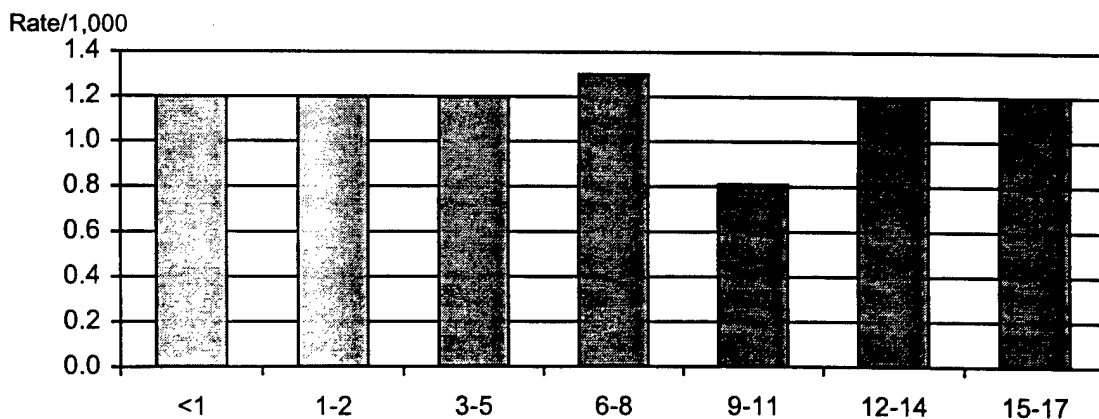
**Emotional abuse.** The number of emotional abuse cases was greatest in the 3-5 year age group (Figure 7), with female children having a higher frequency for ages 1-8 and 12-17 (Figure 7a). The rates per 1,000 children have been extremely similar for all age groups except 9-11 where the rate is lower. (Figure 7b).



**Figure 7.** Frequency of Emotional Abuse Cases by Age Group, 1996.



**Figure 7a.** Frequency of Emotional Abuse Cases by Age Group and Sex, 1996.



**Figure 7b.** Rate per 1,000 Army Children of Emotional Abuse Cases by Age Group, 1996.

**Victim Race/Ethnicity.** Victim race was recorded in five categories (see Table 5) Whites were the most prevalent category, representing approximately 51.7% of the victims. Racial and ethnic data are hard to obtain on Army family members, but since families generally mirror the race of the sponsor, the percentage of family members of the same ethnic background. Using this analogy, whites were under-represented compared to their numbers in the married Army (approximately 60.3%) in 1996. Blacks (27.5%), Hispanics(5.8%) and Asian/Pacific Islanders (2.1%) were relatively over-represented compared to their representation in the married Army. The category of American Indians and Alaskan natives was about the same as the percentage in the married Army (0.6%)

**Table 5. Race/Ethnicity of Child Abuse Victims**

<u>Victim Race/Ethnicity</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>	<u>Percentage of Each Racial Group in Married Army</u>
White	13,378	51.7%	60.3%
Black	9,598	37.1%	27.5%
Hispanic	1,988	7.7%	5.8%
Asian/Pacific Islander	794	3.1%	2.1%
American Indian/ Alaskan Native	116	0.4%	0.6%

**Residence of Victim and Location of Incident.** The number of victims whose residence was on-post was 55.4% compared to 44.6% who resided off-post. The location of the incidents was identical to the location of residence, 55.4% on-post and 44.6% off-post.

**Treatment of Victims.** The major type of treatment provided was social services (about 98%). Medical treatment was required in about 42% of the cases. Approximately 37% of the victims required outpatient treatment and 5.4% required inpatient treatment (See Table 6).

**Table 6. Types of Treatment Provided to Child Abuse Victims**

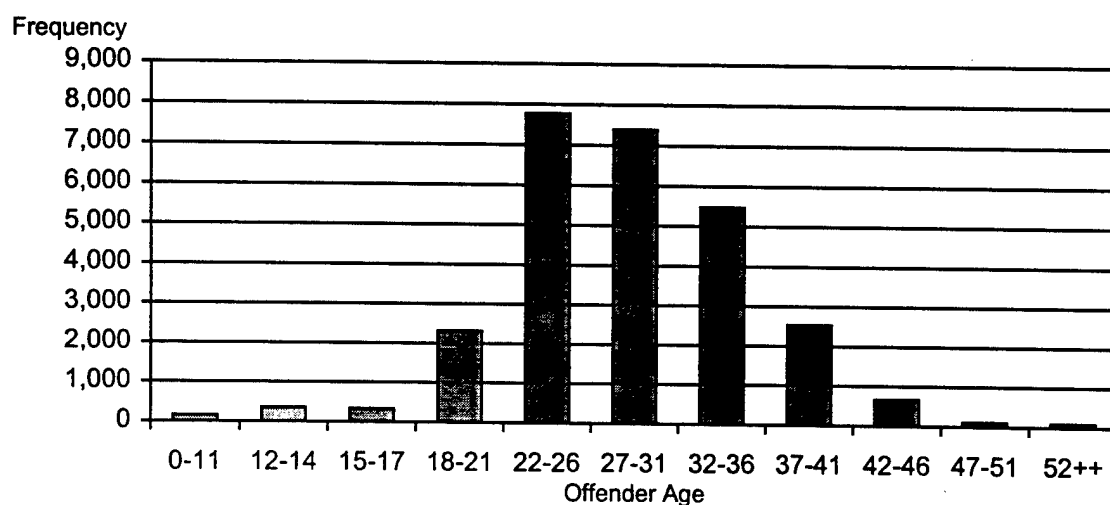
<u>Type of Treatment</u>	<u>Number of Cases</u>	<u>Percentage of Total Cases*</u>
Social services	28,193	92.3
Medical outpatient	10,778	35.3
Medical inpatient	1,576	5.2

\*The total of these percentages adds to more than 100% because each type of treatment is compared to the number of cases, not the total number of types of treatment. For example, the 28,193 cases of social services treatment represent 92.3% of the total number of child abuse and neglect victims (30,551).

**Offender Age.** Approximately 76% of the offenders were between the ages of 22-36. About twelve percent (12%) of offenders were in the age groups 1-21 and 37-65. The age distribution of child abuse and neglect offenders is shown in Table 7 and Figure 8.

**Table 7. Age Distribution of Child Abuse and Neglect Offenders**

<u>Offender Age Group</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
0-11	161	0.6
12-14	363	1.3
15-17	335	1.2
18-21	2,314	8.5
22-26	7,777	28.6
27-31	7,395	27.2
32-36	5,475	20.1
37-41	2,537	9.3
42-46	661	2.4
47-51	111	0.4
52-65+	99	0.4



**Figure 8. Number of Cases by Age of Offender.**

**Offender Sex.** There were more male offenders (57.6%) than female offenders (42.4%).



**Offender Race/Ethnicity.** The race of the offenders is presented in Table 8. The distribution is similar to that of the child victims which is reported in Table 5.

**Table 8. Race/Ethnicity of Child Abuse Offenders**

<u>Offender Race</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
White	12,740	51.7%
Black	9,060	36.8%
Hispanic	1,873	7.6%
Asian/Pacific Islander	837	3.4%
American Indian/Alaskan native	143	0.6%

**Multiple Offenders.** Most of the instances of child abuse and neglect (88%) occurred as the result of the action of only one offender. There were 3,712 cases in which there was one additional offender (about 12% of the cases).

**Relationship of Offenders to Victims.** Offenders were grouped into intrafamilial and extrafamilial relationships. Parents, both natural (71.4%) and step/adoptive parents (14.9%), accounted for about 86% of the cases. Four percent of the offenders were other intrafamilial members, such as siblings, other relatives. The remaining 10% were from extrafamilial sources. For example, 4.3% of offenders were neighbors, friends, or acquaintances.

**Marital Status of Offenders.** About eighty-three percent (83.3%) of the offenders were married, 9.7% were single, and 7.0% were divorced or separated.

**Offender Substance Abuse.** Substance abuse by the offender was not commonly reported in the data base. As Table 9 shows, the number of cases in which substance abuse was unknown is extremely high, 29.3% of all cases. However, "No involvement" was documented in 60.5% of the cases.

**Table 9. Child Abuse Offender Substance Involvement**

<u>Offender Substance Involvement</u>	<u>Number of Cases</u>	<u>Percentage of Total</u>
Alcohol	2,520	8.6
Drugs	276	0.9
Alcohol and drugs	204	0.7
Unknown	8,568	29.3
No involvement	17,684	60.5

**Offender History of Violence and Abuse.** There were seven historical categories in which prior history was recorded (see Table 10). Some history of prior spouse or child abuse was

obtained in about 19% of the cases. Since more than one category of abuse history could be recorded for each individual, the total is greater than the number of cases of abuse and neglect.

**Table 10. Offender History of Violence and Abuse**

<u>Category of Violence History and Abuse</u>	<u>Number of Offenders Reporting</u>	<u>Percentage of All Reports*</u>
Previously referred to alcohol rehabilitation program	1,204	3.9
Previously referred to drug rehabilitation program	220	0.7
Involvement in previously established case of spouse abuse	3,257	10.7
Involvement in previously established case of child abuse	2,488	8.1
Offender previously abused as child	1,384	4.5
Previous abuse history unknown	9,005	29.5
No previous record of abuse	14,090	46.1

\*The total of these percentages add to more than 100% because each item of history is compared to the total number of reports of history. Since each offender could have more than one category of abuse history, the total number of prior incidents of violence and abuse (31,648) was greater than the number of cases (30,551).

**Military and Civilian Actions Following Incidents of Child Abuse and Neglect.** Both military and civilian consequences were reported for the child abuse and neglect incidents. Table 11 provides the summary of military and civilian actions resulting from the aggregated cases. (Military administrative action has no corresponding civilian category.)

**Table 11. Military and Civilian Action following Child Abuse Cases**

<u>Action involved</u>	<u>Number of military actions</u>	<u>Percentage of total military actions*</u>	<u>Number of civilian actions</u>	<u>Percentage of total civilian actions*</u>
Medical	15,767	51.6	1,557	5.1
Family services	22,314	73.0	16,528	54.1
Police investigation	10,005	32.7	3,147	10.3
Court involvement	796	2.6	2,370	7.8
Military	1,526	5.0	NA	NA
Administrative action				

\*Percentages add to more than 100% because each case could have more than one action. Each action is compared to the total number of child abuse cases, 30,551.

## FREQUENCIES AND RATES OF ABUSE AND NEGLECT

**Frequencies of U.S. Army Child Abuse and Neglect Cases, 1989-1996.** The number of cases of U.S. Army child abuse and neglect cases reported in the ACR database from 1989 to 1996 is shown in Figure 9. The number of cases increased slightly from 1989 to 1991 and then decreased from 1991 to 1996.

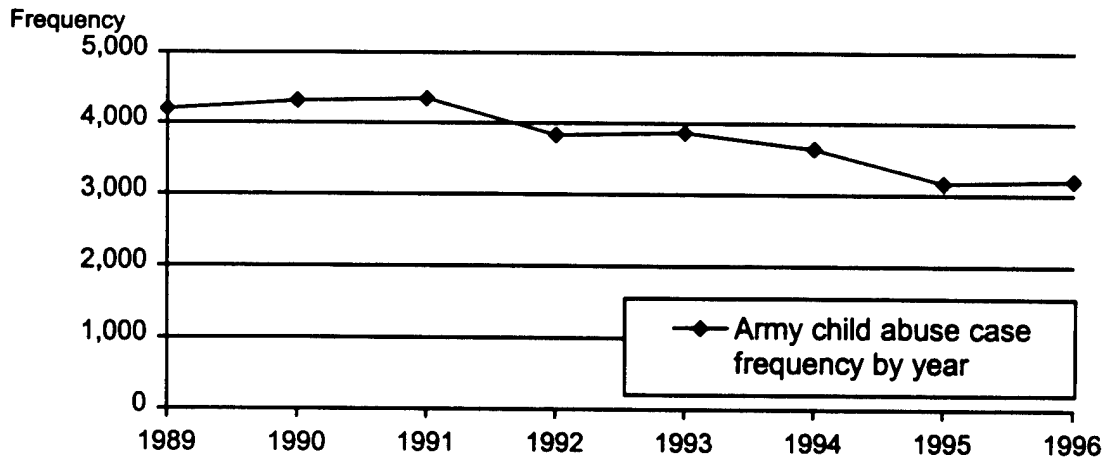


Figure 9. Frequency of Child Abuse Cases by Year.

**Population of U.S. Army Children, 1989-1996.** Figure 10 shows the population of Army child family members from 1989 to 1996. The population of Army children has decreased from 1991 to 1996 as a result of the overall decline of the soldier population.

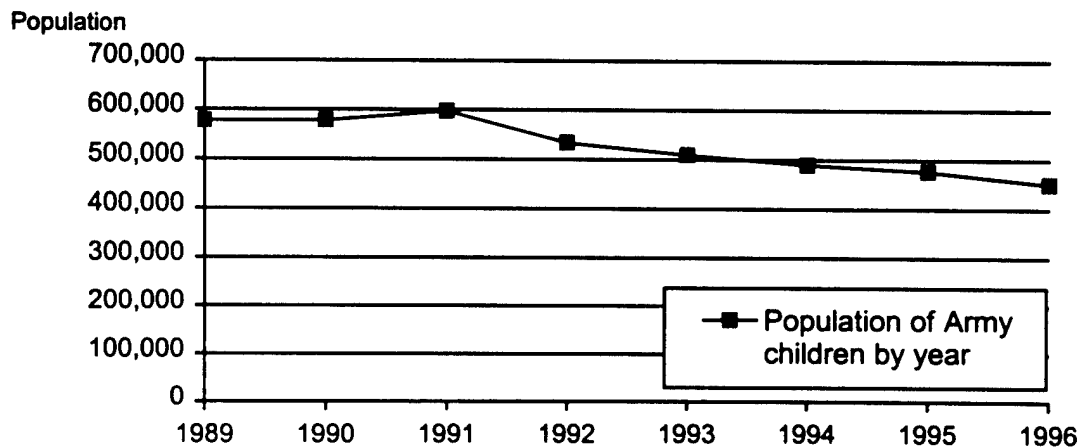


Figure 10. Army Child Population by Year.

**Rates of Child Abuse and Neglect in U.S. Army, 1989-1996.** Figure 11 shows the rates of child abuse and neglect per 1,000 Army children from 1989 to 1996. These data indicate a fairly steady rate of cases of abuse and neglect until 1995 when there was a decrease to 6.53 cases/1,000 children. In 1996, however, the rates increased to about 7.0 cases/1,000 children.

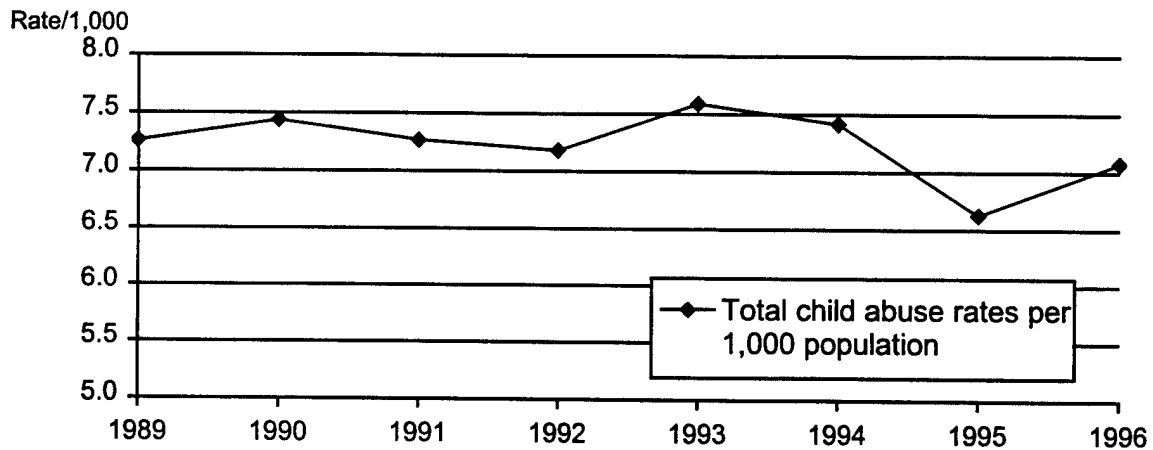


Figure 11. Child Abuse Rates per 1,000 Army Children.

### SUBSEQUENT INCIDENTS

There were 2,336 subsequent incidents of child abuse or neglect (7.6% of total initial incidents). When the findings of the subsequent incidents were compared to the initial substantiated incidents, there were very few differences. Only those differences are reported here. (A complete listing of the differences between initial and subsequent incidents and re-opened cases is presented in the Appendix.)

- ◆ Source of Referral increased in social services/family centers (from 21.8% to 25.0%) and medical/dental (from 17.8% to 18.8%). There were decreases in referrals from law enforcement (from 26.4% to 23.6%) and child care/school/rec. centers (from 11.0% to 9.6%).
- ◆ The type of maltreatment changed slightly in that there were fewer cases of major physical abuse (from 3.6% to 3.3%), minor physical abuse (from 37.4% to 24.9%), and sexual abuse (from 14.4% to 7.6%). There were increases in deprivation of necessities (from 42.7% to 56.0%) and emotional maltreatment (from 10.1% to 13.7%).
- ◆ The number of fatalities was 122 (0.40% of the total number of initial substantiated incidents).
- ◆ Male offenders decreased (from 57.6% to 48.1%) and female offenders increased (from 42.4% to 51.9%).
- ◆ There was an increase in white victims (from 51.7% to 57.3%) and white offenders (from 51.7% to 58.4%). There was a decrease in black victims (from 37.1% to 34.2%) and black offenders (from 36.8% to 31.1%).
- ◆ In the area of offender substance abuse involvement, the proportion increased from 29.3% to 34.9% in the "Unknown" category with a corresponding decrease (from 60.5% to 55.1%) in the "No involvement" category.
- ◆ The type of treatment showed an increase in inpatient medical treatment (from 5.2% to 9.5%). This may suggest that there is a slight increase in the severity of the subsequent incident cases compared to the initial substantiated incidents.

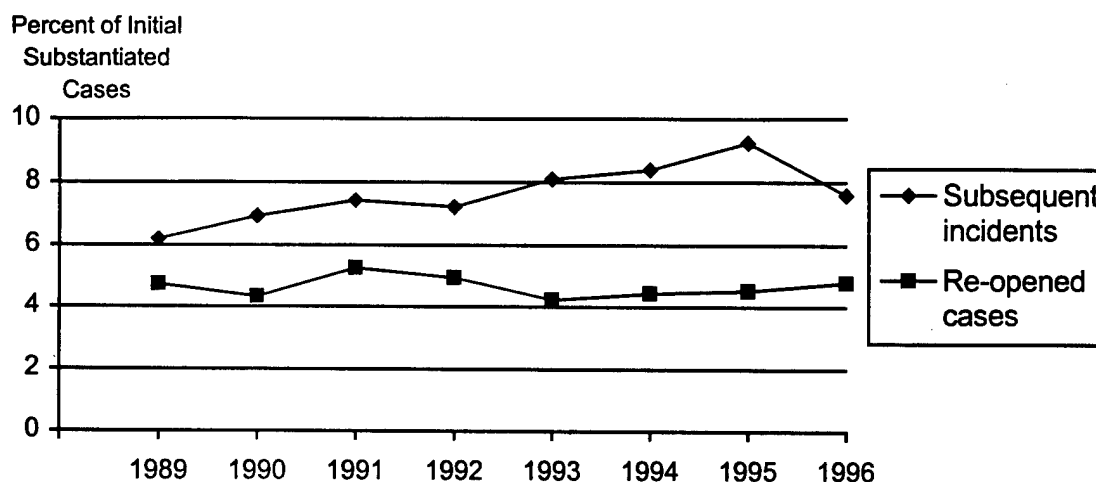
## **RE-OPENED CASES**

There were 1,483 re-opened cases, 4.8% of total initial substantiated incidents.

- ◆ Type of maltreatment changed as follows:
  - ◆ Incidents of major physical abuse decreased (1.8%) compared to initial (3.6%) and subsequent incidents (3.3%).
  - ◆ Sexual maltreatment increased (9.4%) compared to subsequent incidents (7.6%), but both of these figures were lower than that reported for initial substantiated incidents (14.4%).
  - ◆ Emotional maltreatment (13.9%) was similar to the figure reported for subsequent incidents (13.7%), but both of these were higher than the proportion reported for the initial substantiated incidents (10.1%).
  - ◆ Minor physical abuse (39.1%) was reported at approximately the same level as that reported for initial incidents (37.4%).
  - ◆ Neglect (45.9%) was slightly more than initial incidents (42.7%) but less than subsequent incidents (56.0%).
- ◆ The category of "Separated or divorced" marital status of offenders increased from initial incidents (7.0%), subsequent incidents (8.4%), and re-opened cases (9.2%).
- ◆ The percentage of male offenders (52.4%) increased from subsequent incidents (48.1%), but was lower than initial incidents (57.6%).
- ◆ The percentage of inpatient treatment provided to child abuse and neglect victims decreased to 3.6% after rising to 9.5% for subsequent incidents. (The inpatient treatment percentage for initial substantiated incidents was 5.2%).

## **PERCENT OF RECIDIVIST CASES COMPARED TO INITIAL CASES**

The proportion of subsequent incidents compared to the number of initial substantiated incidents has increased from 1989 to 1995 and decreased in 1996 (see Figure 12) while the proportion of re-opened cases has remained relatively steady. The reasons for this are unknown, but may have implications for case identification, treatment and, especially, prevention.



**Figure 12.** Subsequent Incidents and Re-opened Cases per Year, 1989 to 1996 as Percentage of Initial Substantiated Incidents.

### **LIMITATIONS OF THE DATA**

This report represents only those cases of child abuse and neglect that have been entered into the ACR. It does not represent an assessment of the extent of these problems in the Army. In addition, there are limitations on the data in the ACR.

First, the registry has been an evolving system since it was first instituted in 1975. The reporting requirements and the electronic and human support have improved during this period. It was only in 1989 that the registry obtained its own data entry and quality control system to check the accuracy of case information and data coding. Data are now carefully examined by the ACR staff for errors and, when necessary, additional information is requested from the field to help insure that the data are correct. In spite of the careful checks performed by the staff of the ACR, errors still occur and often cannot be explained or, in some cases, even discovered.

Second, the ACR is an administrative data base, victim-based, and was not designed for research purposes. This poses limitations on the types of data that have been entered. Regardless of the amount of checking that can be done, the accuracy of the data in the ACR depends not only on careful coding, but also on the consistency of the decisions made in the field by clinicians and CRCs. The extent of these differences has not been documented, but it increases the variability in the types of cases entered into the registry. This variability cannot be currently measured by the data in the ACR.

A third limitation is that of missing data, shared by all data bases in which case information is incomplete or incorrectly recorded. When some element of information is missing or in error, such as age or sex, that case is effectively lost for that data element, but not for other elements. As a result, the numbers of events are different. The total number of cases may be different from the number of cases in which an age is reported.

We also have no way of knowing the exact Army population in any given year. Populations can also fluctuate over the course of a year. We are limited to using the data obtained at the end of the year.

Year to year fluctuations in rates may be due to the inconsistent reporting of case information to the ACR and by population shifts. Given these conditions, the case frequencies and rates presented in this report are only provided as estimates. It may help FAP personnel increase their knowledge of the abused spouse population it serves and identify possible changes that have occurred over time.

## **SUMMARY AND CONCLUSIONS**

From 1989 to 1996, there were 30,551 cases, or an average of about 3,800 cases per year of all types of child abuse and neglect. Subsequent incidents comprised about 7.6% of the initial substantiated cases; the proportion of re-opened cases was about 5% of the initial substantiated cases.

When the two types of child abuse which are potentially the most damaging to children were examined, it was found that the cases of child sexual abuse declined from 14.4% of all initial victim reports to 7.6% of subsequent incidents and 9.4% of re-opened cases. Cases of major physical abuse declined as well. It is important to examine why this decrease occurs in these types of cases, but not in the others.

When the type of treatment of all victims was examined, it was found that the percentage of children who required inpatient treatment increased from 5.2% to 9.5% which suggests that case severity does increase in some of the subsequent incidents. About 36-41% of all cases required either inpatient or outpatient medical treatment.

The influence of substance abuse of offenders on child abuse and neglect cases is unclear due to the high percentage of cases in which that influence is unknown (about 29%). Approximately 60.5% of initial cases had no reported offender substance involvement. Of the cases that did involve substance abuse, alcohol (8.6%) was much more likely to be involved compared to drugs (0.9%) or a combination of drugs and alcohol (0.7%). While the amount of substance involvement was small in the total number of cases, it is important to determine if there is a particular type of case in which substance abuse is more likely to occur.

There were only minor differences in the sex of the victims. Males were 48.9% of the initial offenders whereas the females were 51.1% of the victims.

There were many sources of referral and these were relatively constant for the three types of cases examined here (initial, subsequent, and re-opened). The only deviation from this consistency was that the rate of medical and dental referrals decreased for re-opened cases. It will be important to check to determine if these re-opened cases are more or less serious medically than the initial cases.

## G L O S S A R Y

AR 608-18, The Army Family Advocacy Program, implements the FAP. For the majority of the time covered by this report, the AR in force was dated 18 September 1987. As of 1 September 1995, a new AR 608-18 was issued to the field. Most of the definitions in this glossary are based on the 1995 regulation since it is being used in the field today. Where it will be helpful, definitions from the 1987 regulation are provided

**Case Review Committee (CRC)** - A multidisciplinary team supervised by the medical treatment facility (MTF) commander. The chair of the CRC is ordinarily the Chief of the Social Work Service. The purpose of the CRC is to coordinate the medical, legal, and other forms of intervention and determine whether an incident is substantiated and becomes a treatment case or is not substantiated and receives no further official follow-up. This coordination is normally done by the Social Work Service of the MTF. The CRC is not a public meeting and membership is limited to those prescribed in the regulation (approximately 10-15 people). Members must have supervisory or functional responsibility for some aspect of prevention, reporting, identification, investigation, diagnosis, or treatment of child and spouse abuse.

**Child** - An unmarried minor, whether a biological child, adopted child, foster child, stepchild, or ward of a military member or a civilian for whom treatment is authorized in a military medical facility of the military services, who is under the age of 18 years or is incapable or self-support because of mental or physical incapacity.

**Civilian Social Services** - Normally the county child protective services of the jurisdiction in which the family of the victim and offender reside.

**Closed Case** - If there is no incident within a year's time, the case is normally closed.

**Deprivation of Necessities (Neglect)** - Involves inattention to the child's minimal needs for nurturing, food, clothing, shelter, medical and dental care, safety or education. A finding of neglect is normally appropriate where a child under the age of 9 is left unattended (or left attended by a child under the age of 12). A finding of neglect is also appropriate when a child, regardless of age, is left unattended under circumstances involving potential or actual risk to the child's safety or health.

**Emotional Abuse** - Emotional abuse involves a pattern of active, intentional berating, disparaging, or other abusive behavior toward the victim that may not cause observable injury. Emotional neglect involves passive or passive-aggressive inattention to the victim's emotional needs, nurturing, or psychological well-being.

**Initial Substantiated Case** - A case that has been fully investigated and for which the preponderance of the available information indicates that abuse or neglect occurred.

**Major Physical Abuse** - A type of maltreatment that refers to physical acts that caused or may have caused physical injury to the victim. It includes injuries to a child such as brain



damage or skull fracture, subdural hemorrhage or hematoma, bone fracture, shaking or twisting of infants and young children, dislocations, internal injury, poisoning, burns or scalds, severe cuts, lacerations, extensive and multiple bruises or welts, or other physical injury that seriously impairs the health or physical well-being of the victim.

**Minor Physical Abuse** - Minor physical abuse injuries include cuts, bruises or welts, sprains, or other shaking or twisting incidents that do not result in injury that impairs the health or physical well-being of the victim.

**Re-opened Case** - Another substantiated incident of abuse occurs after the case has been closed.

**Sexual Abuse** - Child sexual abuse is the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or having a child assist any other person to engage in any sexually explicit conduct or any simulation of such conduct. The definitions of child sexual abuse include, but are not limited to, the following: exploitation, rape, carnal knowledge, sodomy, molestation/indecent acts, and incest.

**Subsequent Incident** - An substantiated incident of child abuse or neglect that occurs while the initial substantiated incident is still open.

## APPENDIX

This Appendix contains tables of comparisons of the most important variables between initial substantiated cases, subsequent cases, and re-opened cases. The data are based on Army cases from 1989-1996.

**Table 1. Source of Child Abuse or Neglect Referrals**

Source of Referral	Initial Substantiated Cases	Subsequent Incidents	Re-opened Cases
Law enforcement	26.4%	23.6%	24.4%
Social services/family center	21.8%	25.0%	27.6%
Medical and dental	17.8%	18.8%	12.5%
Child care/school/rec center	11.0%	9.6%	12.1%
Neighbor/friend	8.4%	7.4%	9.7%
Command	3.8%	4.0%	3.1%
Other	10.8%	11.6%	10.6%

**Table 2. Type of Maltreatment**

Type of Maltreatment	Initial Substantiated Cases*	Subsequent Incidents*	Re-opened Cases*
Major physical abuse	3.6%	3.3%	1.8%
Minor physical abuse	37.4%	24.9%	39.1%
Sexual maltreatment	14.4%	7.6%	9.4%
Deprivation of necessities	42.7%	56.0%	45.9%
Emotional maltreatment	10.1%	13.7%	13.9%

\*Percentages add to more than 100% because the number of incidents is compared to the total number of child abuse and neglect cases in each category and not the number of different abuse incidents.

**Table 3. Ages of Child Victims**

Age Group	Initial Substantiated Cases	Subsequent Incidents	Re-opened Cases
<1	8.9%	8.6%	1.3%
1-2	17.4%	19.2%	13.1%
3-5	23.9%	25.4%	23.1%
6-8	19.6%	18.0%	23.7%
9-11	12.9%	12.9%	18.9%
12-14	10.7%	9.4%	11.1%
15-17	6.5%	6.3%	8.6%

**Table 4. Sex of Child Abuse or Neglect Victims**

<b>Sex of Victim</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Males	48.9%	47.6%	48.1%
Females	51.1%	52.4%	51.9%

**Table 5. Race/Ethnicity of Victims**

<b>Race/Ethnicity of Victims</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
White	51.7%	57.3%	56.4%
Black	37.1%	34.2%	33.7%
Hispanic	7.7%	5.8%	6.4%
Asian/Pacific Islander	3.1%	2.7%	2.9%
American Indian/ Alaskan Native	0.4%	0.0%	0.6%

**Table 6. Types of Treatment Provided to Victims**

<b>Type of Treatment</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Social services	92.3%	93.0%	93.2%
Medical outpatient	35.3%	32.4%	33.4%
Medical inpatient	5.2%	9.5%	3.6%

**Table 7. Age Distribution of Child Abuse and Neglect Offenders**

<b>Offender Age Group</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
0-11	0.6%	0.3%	0.3%
12-14	1.3%	0.5%	0.9%
15-17	1.2%	0.6%	0.4%
18-21	8.5%	10.6%	4.8%
22-26	28.6%	30.7%	24.8%
27-31	27.2%	28.0%	27.5%
32-36	20.1%	17.4%	25.9%
37-41	9.3%	9.6%	12.2%
42-46	2.4%	2.0%	2.5%
47-51	0.4%	0.2%	0.4%
52-65++	0.4%	0.1%	0.3%

**Table 8. Sex of Offender**

<b>Sex of Offender</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Males	57.6%	48.1%	52.4%
Females	42.4%	51.9%	47.6%

**Table 9. Race/Ethnicity of Offenders**

<b>Race/Ethnicity of Victims</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
White	51.7%	58.4%	57.2%
Black	36.8%	33.1%	32.7%
Hispanic	7.6%	5.3%	5.9%%
Asian/Pacific Islander	3.4%	2.9%	3.6%%
American Indian/ Alaskan Native	0.6%	0.3%	0.6%

**Table 10. Marital Status of Offender**

<b>Marital Status of Offender</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Single	9.7%	7.2%	7.1%
Married	83.3%	84.5%	83.6%
Separated or Divorced	7.0%	8.4%	9.2%

**Table 11. Substance Involvement of Offender**

<b>Substance Involvement</b>	<b>Initial Substantiated Case</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Alcohol	8.6%	8.5%	9.4%
Drugs	0.9%	0.7%	0.3%
Alcohol and drugs	0.7%	0.8%	0.8%
Unknown	29.3%	34.9%	32.4%
No involvement	60.5%	55.1%	57.1%

**Table 12. Location Where Incident Occurred**

<b>Incident Occurred</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
On-Post	55.4%	55.5%	58.0%
Off-Post	44.6%	44.5%	42.0%

**Table 13. Location of Victim Residence**

<b>Victim Resides</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
On-Post	55.4%	56.1%	58.6%
Off-Post	44.6%	43.9%	41.4%

**Table 14. Offender History of Violence and Abuse**

<b>Category</b>	<b>Initial Substantiated Cases</b>	<b>Subsequent Incidents</b>	<b>Re-opened Cases</b>
Previously referred to alcohol rehabilitation program	3.9%	5.6%	5.2%
Previously referred to drug rehabilitation program	0.7%	1.1%	0.8%
Involvement in previously established case of child abuse	8.1%	55.0%	72.7%
Involvement in previously established case of spouse abuse	10.7%	16.1%	17.0%
Offender previously abused as a child	4.5%	6.0%	5.0%
Previous abuse history unknown	29.5%	16.2%	10.2%
No previous record of abuse	46.1%	17.1%	8.5%

**Table 15. Military and Civilian Actions Following Initial Substantiated Child Abuse and Neglect Cases**

<b>Action Involved</b>	<b>Military Actions</b>	<b>Civil Actions</b>
Medical	51.6%	5.1%
Social/Family Services	73.0%	54.1%
Police Investigation	32.7%	10.3%
Court Involvement	2.6%	7.8%
Administrative Action	5.0%	NA

**Table 16. Military and Civilian Actions Following Subsequent Incidents  
of Child Abuse and Neglect**

<b>Action Involved</b>	<b>Military Actions</b>	<b>Civil Actions</b>
Medical	57.3%	10.1%
Social/Family Services	73.5%	64.8%
Police Investigation	35.9%	14.4%
Court Involvement	3.0%	15.8%
Administrative Action	6.0%	NA

**Table 17. Military and Civilian Actions Following Re-opened Cases  
of Child Abuse and Neglect**

<b>Action Involved</b>	<b>Military Actions</b>	<b>Civil Actions</b>
Medical	50.1%	4.7%
Family Services	73.8%	63.4%
Police Investigation	28.7%	9.9%
Court Involvement	2.7%	9.7%
Administrative Action	4.9%	NA